

111TH CONGRESS
1ST SESSION

H. R. 2778

To amend the Public Health Service Act to redesignate the National Center on Minority Health and Health Disparities as the National Institute for Minority Health and Health Disparities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 9, 2009

Mr. JACKSON of Illinois (for himself and Mr. CUMMINGS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to redesignate the National Center on Minority Health and Health Disparities as the National Institute for Minority Health and Health Disparities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Equity and
5 Accountability through Research Act of 2009”.

6 **SEC. 2. NATIONAL INSTITUTE FOR MINORITY HEALTH AND**
7 **HEALTH DISPARITIES.**

8 (a) REDESIGNATION.—

(1) IN GENERAL.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(A) in section 401(b)(24), by striking “National Center on Minority Health and Health Disparities” and inserting “National Institute for Minority Health and Health Disparities”; and

(B) in subpart 6 of part E—

(i) in the subpart heading, by striking “Center” and inserting “Institute”;

(ii) in the headings of sections 485E and 485H, by striking “**CENTER**” and inserting “**INSTITUTE**”; and

(iii) by striking (other than in section 485E(i)(1)) the term “Center” each place it appears and inserting “Institute”.

(2) REFERENCES.—Any reference in any law, map, regulation, document, paper, or other record of the United States to the National Center on Minority Health and Health Disparities shall be deemed to be a reference to the National Institute for Minority Health and Health Disparities.

1 (b) DUTIES; AUTHORITIES; FUNDING.—Section
2 485E of the Public Health Service Act (42 U.S.C. 287c–
3 31) is amended—

4 (1) by amending subsection (e) to read as fol-
5 lows:

6 “(e) DUTIES OF THE DIRECTOR.—

7 “(1) INTERAGENCY COORDINATION OF MINOR-
8 ITY HEALTH AND HEALTH DISPARITY ACTIVITIES.—

9 With respect to minority health and health dispari-
10 ties, the Director of the Institute shall plan, coordi-
11 nate, and evaluate research and other activities con-
12 ducted or supported by the institutes and centers of
13 the National Institutes of Health. In carrying out
14 the preceding sentence, the Director of the Institute
15 shall evaluate the minority health and health dis-
16 parity activities of each of such institutes and cen-
17 ters and shall provide for the periodic reevaluation
18 of such activities. Such institutes and centers shall
19 be responsible for providing information to the Insti-
20 tute, including data on clinical trials funded or con-
21 ducted by these institutes and centers.

22 “(2) CONSULTATIONS.—The Director of the In-
23 stitute shall carry out this subpart (including devel-
24 oping and revising the plan and budget required by
25 subsection (f) in consultation with the heads of the

1 institutes and centers of the National Institutes of
2 Health, the advisory councils of such institutes and
3 centers, and the advisory council established pursu-
4 ant to subsection (j).

5 “(3) COORDINATION OF ACTIVITIES.—The Di-
6 rector of the Institute—

7 “(A) shall act as the primary Federal offi-
8 cial with responsibility for coordinating all re-
9 search and activities conducted or supported by
10 the National Institutes of Health on minority or
11 other health disparities;

12 “(B) shall represent the health disparities
13 research program of the National Institutes of
14 Health, including the minority health and other
15 health disparities research program, at all rel-
16 evant executive branch task forces, committees,
17 and planning activities; and

18 “(C) shall maintain communications with
19 all relevant agencies of the Public Health Serv-
20 ice, including the Indian Health Service, and
21 various other departments and agencies of the
22 Federal Government to ensure the timely trans-
23 mission of information concerning advances in
24 minority health disparities research and other
25 health disparities research among these various

1 agencies for dissemination to affected commu-
2 nities and health care providers.”;

3 (2) by amending subsection (f) to read as fol-
4 lows:

5 “(f) STRATEGIC PLAN.—

6 “(1) IN GENERAL.—Subject to the provisions of
7 this section and other applicable law, the Director of
8 the Institute, in consultation with the Director of
9 NIH, the Directors of the other institutes and cen-
10 ters of the National Institutes of Health, and the
11 advisory council established pursuant to subsection
12 (j), shall—

13 “(A) annually review and revise a strategic
14 plan (referred to in this section as ‘the plan’)
15 and budget for the conduct and support of all
16 minority health disparity research and other
17 health disparity research activities of the insti-
18 tutes and centers of the National Institutes of
19 Health that include time-based targeted objec-
20 tives with measurable outcomes and assure that
21 the annual review and revision of the plan uses
22 an established trans-National Institutes of
23 Health process subject to timely review, ap-
24 proval, and dissemination;

1 “(B) ensure that the plan and budget es-
2 tablish priorities among the health disparities
3 research activities that such agencies are au-
4 thorized to carry out;

5 “(C) ensure that the plan and budget es-
6 tablish objectives regarding such activities, de-
7 scribe the means for achieving the objectives,
8 and designate the date by which the objectives
9 are expected to be achieved;

10 “(D) ensure that all amounts appropriated
11 for such activities are expended in accordance
12 with the plan and budget;

13 “(E) annually submit to Congress a report
14 on the progress made with respect to the plan;
15 and

16 “(F) create and implement a plan for the
17 systemic review of research activities supported
18 by the National Institutes of Health that are
19 within the mission of both the Institute and
20 other institutes and centers of the National In-
21 stitutes of Health, including by establishing
22 mechanisms for—

23 “(i) tracking minority health and
24 health disparity research conducted within
25 the institutes and centers assessing the ap-

1 appropriateness of this research with regard
2 to the overall goals and objectives of the
3 plan;

4 “(ii) the early identification of appli-
5 cations and proposals for grants, contracts,
6 and cooperative agreements supporting ex-
7 tramural training, research, and develop-
8 ment, that are submitted to the institutes
9 and centers that are within the mission of
10 the Institute;

11 “(iii) providing the Institute with the
12 written descriptions and scientific peer re-
13 view results of such applications and pro-
14 posals;

15 “(iv) enabling the institutes and cen-
16 ters to consult with the Director of the In-
17 stitute prior to final approval of such ap-
18 plications and proposals; and

19 “(v) reporting to the Director of the
20 Institute all such applications and pro-
21 posals that are approved for funding by
22 the institutes and centers.

23 “(2) CERTAIN COMPONENTS OF PLAN AND
24 BUDGET.—With respect to health disparities re-
25 search activities of the agencies of the National In-

stitutes of Health, the Director of the Institute shall ensure that the plan and budget under paragraph (1) provide for—

“(A) basic research and applied research, including research and development with respect to products;

“(B) research that is conducted by the agencies;

“(C) research that is supported by the agencies;

“(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

“(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

“(3) MINORITY HEALTH DISPARITIES RESEARCH.—The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health disparities research.”;

(3) by amending subsection (h) to read as follows:

“(h) RESEARCH ENDOWMENTS.—

“(1) IN GENERAL.—The Director of the Institute shall carry out a program to facilitate minority

1 health and health disparities research and other
2 health disparities research by providing research en-
3 dowments at—

4 “(A) centers of excellence under section
5 736; and

6 “(B) centers of excellence under section
7 485F.

8 “(2) ELIGIBILITY.—The Director of the Insti-
9 tute shall provide for a research endowment under
10 paragraph (1) only if the institution involved meets
11 the following conditions:

12 “(A) The institution does not have an en-
13 dowment that is worth in excess of an amount
14 equal to 50 percent of the national average of
15 endowment funds at institutions that conduct
16 similar biomedical research or training of health
17 professionals.

18 “(B) The application of the institution
19 under paragraph (1) regarding a research en-
20 dowment has been recommended pursuant to
21 technical and scientific peer review and has
22 been approved by the advisory council estab-
23 lished pursuant to subsection (j).

24 “(C) The institution at any time was
25 deemed to be eligible to receive a grant under

1 section 736 and at any time received a research
2 endowment under paragraph (1).”; and
3 (4) by adding at the end the following:

4 “(k) FUNDING.—

5 “(1) FULL FUNDING BUDGET.—

6 “(A) IN GENERAL.—With respect to a fis-
7 cal year, the Director of the Institute shall pre-
8 pare and submit directly to the President, for
9 review and transmittal to Congress, a budget
10 estimate for carrying out the plan for the fiscal
11 year, after reasonable opportunity for comment
12 (but without change) by the Secretary, the Di-
13 rector of the National Institutes of Health, the
14 directors of the other institutes and centers of
15 the National Institutes of Health, and the advi-
16 sory council established pursuant to subsection
17 (j). The budget estimate shall include an esti-
18 mate of the number and type of personnel
19 needs for the Institute.

20 “(B) AMOUNTS NECESSARY.—The budget
21 estimate submitted under subparagraph (A)
22 shall estimate the amounts necessary for the in-
23 stitutes and centers of the National Institutes
24 of Health to carry out all minority health and
25 health disparities activities determined by the

1 Director of the Institute to be appropriate,
2 without regard to the probability that such
3 amounts will be appropriated.

4 “(2) ALTERNATE BUDGETS.—

5 “(A) IN GENERAL.—With respect to a fis-
6 cal year, the Director of the Institute shall pre-
7 pare and submit to the Secretary and the Di-
8 rector of the National Institutes of Health the
9 budget estimates described in subparagraph (B)
10 for carrying out the plan for the fiscal year.
11 The Secretary and such Director shall consider
12 each of such estimates in making recommenda-
13 tions to the President regarding a budget for
14 the plan for such year.

15 “(B) DESCRIPTION.—With respect to the
16 fiscal year involved, the budget estimates re-
17 ferred to in subparagraph (A) for the plan are
18 as follows:

19 “(i) The budget estimate submitted
20 under paragraph (1).

21 “(ii) A budget estimate developed on
22 the assumption that the amounts appro-
23 priated will be sufficient only for—

24 “(I) continuing the conduct by
25 the institutes and centers of the Na-

1 tional Institutes of Health of existing
2 minority health and health disparity
3 activities (if approved for continu-
4 ation), and continuing the support of
5 such activities by the institutes and
6 centers in the case of projects or pro-
7 grams for which the institutes or cen-
8 ters have made a commitment of con-
9 tinued support; and

10 “(II) carrying out activities that
11 are in addition to activities specified
12 in subclause (I), only for which the
13 Director determines there is the most
14 substantial need.

15 “(iii) Such other budget estimates as
16 the Director of the Institute determines to
17 be appropriate.

18 “(l) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated \$1,000,000,000 for fis-
20 cal year 2010 and such sums as may be necessary for each
21 of fiscal years 2011 through 2014, to carry out this sec-
22 tion.”.

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